MEMORANDUM

035070

TO: File

FROM: Andy Purdy

DATE: August 17, 1977

RE: Search for missing autopsy materials

I spoke with DR. JACK C. HARPER on August 8th (office: 214/942-2878), the uncle of the pre-medical student who found the skull fragment in Dealey Plaza. DR. HARPER presumes the skull fragment is with the other skull fragments and said that his nephew gave it to the FBI. DR. HARPER saw the fragment on the Sunday following the assassination and took it to Methodist Hospital on Monday at which time he contacted the FBI.

DR. HARPER said the consensus of the doctors who viewed the skull fragment was that it was part of the occipital region. DR. HARPER said he retained a photo of the skull fragment for about a year at which time the FBI took it from him. He says he believes his nephew still has such a photograph. DR. HARPER said the skull fragment had relatively fresh blood on it.

I spoke with DR. A. B. CAIRNS on August 9, 1977, regarding the HARPER skull fragment. DR. CAIRNS has retired from his position as Chief of Pathology at Methodist Hospital and is now living at 2303 Post Oak Road

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in Rockdale, Texas (mailing address: P.O. Box 589). I spoke with DR. CAIRNS (512/446-2810) regarding his recollections of examining the skull fragment. DR. CAIRNS said the piece of skull fragment came from an area approximately 2½ to 3 inches above the spine area. He said it had the markings of a piece of skull fragment from the lower occipital area, specifically: suture and inner markings where blood vessels run around the base of the skull. DR. CAIRNS remembered a small area of the skull fragment showing grayish discoloration suggesting metal had stained the bone. He said he had had experience with lead-caused damage in the past which looked similar to this discoloration.

DR. CAIRNS said he could see blood markings which indicated the skull fragment had been dislodged recently. DR. CAIRNS added that he wasn't very interested in the skull fragment but did believe it was part of the assassination. DR. CAIRNS said the skull fragment had no indication of being an entry or an exit wound. He said (in other words, the edges of a wound did not show. However, he said he believed the skull fragment came from an area close to the entry wound by virtue of the way the "tables" were broken. DR. CAIRNS said that he was interviewed by an FBI agent from Oklahoma City with a Spanish surname.

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